or the Pecement Reduction Act of 1995, no persons are required to respond to a contection of information unless & displays a wald CMIS control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004						Application of Docket Number		
APPL	831083		OR	OR OTHER THAN SMALL ENTITY				
FOR	NUMBER FILE	NUM	BER EXTRA	RATE (\$)	FEE (1)	1	RATE (\$)	FEE (1)
ASIC FEE	N/A ;		NIA	· N/A	150.00	1	N/A .	300.00
EARCH FEE IT CFR 1 16(1), (1. or (m))	NA		N/A	N/A	\$250	:	· N/A	\$500
KAMINATION FEE	N/A		N/A	NA	\$100		. N/A	\$200
DTAL CLAMS DOFR (160)	1 minus	20 = '				OR	X\$50 .	
EDEPENDENT CLAIMS	: 1 minus	3 • •	. 3	X100 .	•		X200 .	
PPLICATION SIZE EE I CFR 1 16(4))								
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(j))				. +180=			+360+	
If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL		, 1	TOTAL .	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL E	NTITY	,ı'	OTHER SMALL	
C N RE	LAIMS MAINING UFTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (5)	ADDI-		RATE (5)	ADDI- TIONAL FER (5)
Total ex era Linea	19 : Minus	90	• /-	X\$ 25 .		OR .	X\$50 _	
the Cast # 1800) sugebooked	4 Minus	÷ 7	•	X100 _		Ç R	X200 _	
Application Stre Fee (37 CFR 1.16(s))								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())				+180=	\	OR	+360=	• • • • • • • • • • • • • • • • • • • •
	. :	•	•	ADD'L FEE		OR	TOTAL ADD'L FEE	
	umn 1)	. (Column 2)	(Column 3)	·		. \		
6/16/D/ REN	LAIMS FAINING FTER. NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (5)		RATE (\$)	ADOI- TIONAL FEE (S)
Corpora Lings	O Minus	20.	• /	X\$ 25 .		OR .	X\$50 -	
Independent CIT CITE LIANS	Minus	" 3	/	X100	·	OR -	X200	
Application Size Fee (37 CFR 1.16(s))				7			-/	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(0)				+180=		OR	√360 ≡	· ·
• If the entry in column 1	TOTAL ADDL FEE		OR .	TOTAL ADD'L FEE				

* If the entry in column 1 is tess than the entry in column 2, write "O' in column 3.

** If the Trighest Number Previously Paid For' IN THIS SPACE is tess than 20, enter "20".

** If the Trighest Number Previously Paid For' IN THIS SPACE is tess than 3, enter "7".

The Trighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

**Displaced on Information is required by 37 CFR 1.16. The information is nequired to obtain or retain a benefit by the public which is to file (and by the "O to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This cofficient is estimated to take 12 minutes to complete, ing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief (Information Officer, U.S. Patient redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS IESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.